



NEUROLOGIC PHYSICAL THERAPY RESIDENCY PROGRAM LETTER OF RECOMMENDATION

Name of applicant:

Individual providing recommendation:

Name/Credentials:

Current Position:

Mailing Address:

Phone Number:

Email Address:

May we contact you to discuss the qualifications of the candidate over the phone?

Yes No

(Instructions: Highlight your response and delete the other response if submitting electronically)

Relation of individual providing recommendation to applicant:

(Instructions: For the following three inquires, highlight your response and delete the other responses if submitting electronically)

Clinical Supervisor Employer Academic Instructor Professional Colleague

Other (please specify):

Number of years you have known applicant:

Less than 2 2 to 5 Greater than 5

Compared to other applicants that you would recommend to this residency program, the applicant would rank in the:

Top 1% Top 5% Top 10% Top 25% Top 50%

What is the most valuable quality or characteristic that the applicant possesses?

Provide a brief example or description, illustrating your observation of the applicant's use of that quality or characteristic.

Feel free to attach (or cut/paste) other information pertinent to the application's recommendation.